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Atty Docket No. 021919-001010US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner Ren Luo Yan

Group Art Unit 2854

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Ren Luo Yan

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Kevin L. Corcoran, et al., Application No. 10/667,904, filed September 16, 2003 for EMBOSSING SYSTEM TO BE USED WITH A DIE PRESS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition for Extension of Time (in duplicate)
3. Amendment Under 37 CFR 1.116

Number of pages being transmitted, including this page: 11

Dated: August 5, 2005



Jeanette Olivera

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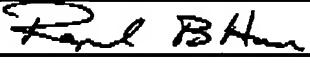


PTO/SB/21 (08-04)

TRANSMITTAL FORM		Application Number	10/667,904
(to be used for all correspondence after initial filing)		Filing Date	September 16, 2003
		First Named Inventor	Corcoran, Kevin L.
		Art Unit	2854
		Examiner Name	Ren Luo Yan
Total Number of Pages in This Submission	10	Attorney Docket Number	021919-001010US

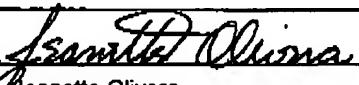
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Raymond B. Horn		
Date	Aug. 5, 2005	Reg. No.	44,773

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